

FILED MAR 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9145

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 14 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 24 Hiway & Dickinson Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Emmett		c. (Last) Nihill		4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 24, 1898	
9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer				10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Pueblo, Colo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Robt. E. Nihill		13b. MOTHER'S MAIDEN NAME Emma K. Wagner		14. NAME OF HUSBAND OR WIFE Blanche P. Nihill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. E. Nihill, Independence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic Cirrhosis DUE TO (c) Rheumatic Heart disease				INTERVAL BETWEEN ONSET AND DEATH 3/2/50 1948 1925 4/12/50	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/2/50 10:00 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from birth, 1926, to 3/2, 1950, that I last saw the deceased alive on 3/1, 1950, and that death occurred at 4:10 AM., from the causes and on the date stated above.							
23a. SIGNATURE Fred J. Gammar, Do Indep. Mo.				23b. ADDRESS Indep. Mo.		23c. DATE SIGNED 3/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. Mar. 3, 1950		REGISTRAR'S SIGNATURE Geo. C. Carson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.